Dear Parents,

The English School is planning a trip to the USA on Febuary 28th and is open to years 7&8. The trip will be split into two parts, first we will be going to New York, then we will fly from there to Orlando, Florida. We will be staying in each state for five days.

We will be doing a variety of different activities that will be educational and of course we will be going to the famous attraction park- Disney World.

We will be staying in hotels in both destinations, and have will be travelling around by subway (in New York) and licensed coaches while we’re in Florida.

The cost of the trip is approximately KD835, this includes flights, hotels, coaches, trip costs, activities, meals etc. This also inlcudes a KD100 non-refundable deposit which needs to be handed in with this slip.

We have made a website for the trip and you visit it for all the information needed at: <http://tes-usa.wikispaces.com>.

If you are interested in your child attending this trip, please return the reply slip along with a non-refundable deposit of KD100 to the accounts office.

If you have any other questions please do not hesitate to contact us at school.

**Olivia England Maya Batcheller Kaitlyn Daniels Olivia Loutfi Ella Peterson**

**Trip Leaders**

**Reply slip- USA overseas trip**

**Child’s name: ………………………… Class: ………………**

**Nationality: …………………………. Date of birth: …………………..**

**Civil ID number: …………………… Civil ID expiry date: ……………..**

**PLEASE PROVIDE A COPY**

**Passport Number: ………………. Passport expiry date: ………….**

**PLEASE PROVIDE A COPY**

**Residence Expiry Date: ……………**

**Any special dieatry requirements:**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Medical Conditions (asthma, epilepsy, diabetes, allergies, medication, etc.)**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Emergency Contacts:**

**Name and Number (primary): ………………………………………………..**

**Name and Number (Secondary): …………………………………………….**

**Email adress for daily updates on trip: ……………………………………**

**Parental Declaration**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff will make every effort to contact a parent immediately in the case of an emergency.**

**Should urgent medical assistance be required we would like your permission to seek this in our**

**‘in loco parentis role’.**

**I agree to my son/daughter receiving medication as instructed and any emergency dental,**

**medical or surgical treatment, including anesthetic or blood transfusion, as considered**

**necessary by the medical authorities present. I understand the extent and limitations of the**

**insurance cover provided.**

**I understand that, while the school staff and helpers in charge of the party will take all**

**reasonable care of children, unless they are negligent they cannot be held responsible for any**

**loss, damage or injury suffered by my son/daughter arising during or as a result of the school**

**trip.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**